

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

355

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 116

Township

Primary Registration District No. 1001

Registered No. 116

City St. Joseph

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. Dora Thomas St., _____

Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 1/2 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

55

Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Her wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

U.S.

(STATE OR COUNTRY)

10. NAME OF FATHER

Fred Samill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Salvin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

records, State Hosp #12

15.

FILED

28 1929

John S. By REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 19 29

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1

19 29, to Jan 26, 1929

that I last saw him alive on Jan 26, 1929, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema of face
15 yrs. 14 ds. (duration)

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? W. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Dr. Perceval, M. D.

Jan. 29, 1929 (Address) State Hosp #12

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lyneville, Iowa

Jan. 31 19 29

20. UNDERTAKER

ADDRESS

H. L. Sidenfaden

1802 Union St.

CAUSE OF DEATH in plain text

355

2

2

Cause unknown

W. E. D. Berends

State Hosp #2

Physicians

not at State Hospital
any longer.

1929

#S-355

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